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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                    |      |                         | Application or Docket Number<br><b>10605493</b> |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|------|-------------------------|-------------------------------------------------|----------------|------------|--|------------|--|------------|--|----------------------------------|--|------------------------------------|--|---------------|--|---------------------------|----|-------|----|---|--|---------------------------------|---|-------|---|---|--|-----------------------------------------------------------------|--|--|--|--|--|
| Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| <b>CLAIMS AS FILED - PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | (Column 2)                         |      | SMALL ENTITY            |                                                 | OR             |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| OTHER THAN SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED   | NUMBER EXTRA                       |      | RATE                    | FEE                                             |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                    |      |                         | \$                                              |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14 minus 20 =  | -                                  |      | X \$                    | =                                               |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0 minus 3 =    | -                                  |      | X \$                    | =                                               |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                                    |      | + \$                    | =                                               |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      | TOTAL                   |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      | OR                      |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      | TOTAL                   |                                                 | 770            |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| <b>CLAIMS AS AMENDED - PART II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | (Column 2)                         |      | (Column 3)              |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | OR                                 |      | OTHER THAN SMALL ENTITY |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDITIONAL FEE |                                    | RATE |                         | ADDITIONAL FEE                                  |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| X \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | =              |                                    | X \$ |                         | =                                               |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| X \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | =              |                                    | X \$ |                         | =                                               |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| + \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | =              |                                    | + \$ |                         | =                                               |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | ADDITIONAL FEE                     |      | TOTAL                   |                                                 | ADDITIONAL FEE |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | OR                                 |      | OR                      |                                                 | OR             |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | ADDITIONAL FEE                     |      | TOTAL                   |                                                 | ADDITIONAL FEE |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">(Column 1)</th> <th colspan="2" style="text-align: center;">(Column 2)</th> <th colspan="2" style="text-align: center;">(Column 3)</th> </tr> <tr> <th colspan="2" style="text-align: center;">CLAIMS REMAINING AFTER AMENDMENT</th> <th colspan="2" style="text-align: center;">HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th colspan="2" style="text-align: center;">PRESENT EXTRA</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Total<br/>(37 CFR 1.16(c))</td> <td style="text-align: center;">11</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">20</td> <td colspan="2" style="text-align: center;">=</td> </tr> <tr> <td style="text-align: center;">Independent<br/>(37 CFR 1.16(b))</td> <td style="text-align: center;">2</td> <td style="text-align: center;">Minus</td> <td style="text-align: center;">3</td> <td colspan="2" style="text-align: center;">=</td> </tr> <tr> <td colspan="6">FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))</td> </tr> </tbody> </table> |                |                                    |      |                         |                                                 |                | (Column 1) |  | (Column 2) |  | (Column 3) |  | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |  | PRESENT EXTRA |  | Total<br>(37 CFR 1.16(c)) | 11 | Minus | 20 | = |  | Independent<br>(37 CFR 1.16(b)) | 2 | Minus | 3 | = |  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |  |  |  |  |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | (Column 2)                         |      | (Column 3)              |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | HIGHEST NUMBER PREVIOUSLY PAID FOR |      | PRESENT EXTRA           |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11             | Minus                              | 20   | =                       |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2              | Minus                              | 3    | =                       |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
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| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | (Column 2)                         |      | (Column 3)              |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | HIGHEST NUMBER PREVIOUSLY PAID FOR |      | PRESENT EXTRA           |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -              | Minus                              | 20   | =                       |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -              | Minus                              | 3    | =                       |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
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| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | (Column 2)                         |      | (Column 3)              |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | HIGHEST NUMBER PREVIOUSLY PAID FOR |      | PRESENT EXTRA           |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -              | Minus                              | 20   | =                       |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -              | Minus                              | 3    | =                       |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |      |                         |                                                 |                |            |  |            |  |            |  |                                  |  |                                    |  |               |  |                           |    |       |    |   |  |                                 |   |       |   |   |  |                                                                 |  |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.